





# TRANSMITTAL FORM

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Filing

Attorney Docket  
Number:

6284P001X

## SMARTUNIVERSAL FLASH MEDIA CARD ADAPTERS

First Named Inventor: Sreenath Mambakkam

### SUBMITTED BY

Name:	James Henry
Registration Number:	41,064
Electronic Signature Mark: /James Henry/	Date Signed: 20020904

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*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

declaration	Decpage1..tif
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fee-transmittal	P001Xfee.xml
bibd-transmittal	P001Xapds.xml
specification	P001Xapp.xml

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Attorney's Docket No.: 06284P001PATENT

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION  
(CONTINUATION-IN-PART)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_\_

SMARTCONNECT UNIVERSAL FLASH MEDIA CARD ADAPTERS

the specification of which

\_\_\_\_\_  
 XXX is attached hereto.  
 \_\_\_\_\_ was filed on (MM/DD/YYYY) \_\_\_\_\_ as  
     United States Application Number \_\_\_\_\_  
     or PCT International Application Number \_\_\_\_\_  
     and was amended on (MM/DD/YYYY) \_\_\_\_\_  
                                                             (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			<u>Priority Claimed</u>	
<u>(Number)</u>	<u>(Country)</u>	<u>(Foreign Filing Date - MM/DD/YYYY)</u>	<u>Yes</u>	<u>No</u>
_____ (Number)	_____ (Country)	_____ (Foreign Filing Date - MM/DD/YYYY)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Foreign Filing Date - MM/DD/YYYY)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Foreign Filing Date - MM/DD/YYYY)	_____ Yes	_____ No

I hereby claim the benefit under title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

_____ Application Number	_____ (Filing Date - MM/DD/YYYY)
_____ Application Number	_____ (Filing Date - MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>10/167,929</u> Application Number	<u>06/11/2002</u> (Filing Date - MM/DD/YYYY)	<u>Pending</u> Status -- patented, pending, abandoned
<u>09/610,904</u> Application Number	<u>07/06/2000</u> (Filing Date - MM/DD/YYYY)	<u>Patented</u> Status -- patented, pending, abandoned
<u>10/039,685</u> Application Number	<u>10/29/2001</u> (Filing Date - MM/DD/YYYY)	<u>Pending</u> Status -- patented, pending, abandoned
<u>10/002,567</u> Application Number	<u>11/01/2001</u> (Filing Date - MM/DD/YYYY)	<u>Pending</u> Status -- patented, pending, abandoned

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send correspondence to Thomas A. Van Zandt, BLAKELY, SOKOLOFF, TAYLOR &  
(Name of Attorney or Agent)  
ZAFMAN LLP, 12400 Wilshire Boulevard 7th Floor, Los Angeles, California 90025 and direct  
telephone calls to Thomas A. Van Zandt, (408) 720-8300.  
(Name of Attorney or Agent)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor Sreenath Mambakkam

Inventor's Signature Sreenath Mambakkam Date 8/30/2002

Residence San Jose, California Citizenship INDIA  
(City, State) (Country)

Post Office Address 2841 Rainwood Court  
San Jose, California 95148

Full Name of Second/Joint Inventor Arockiyaswamy VenkiduInventor's Signature Arockiyaswamy Venkidu Date 8/30/02Residence Menlo Park, California Citizenship INDIA  
(City, State) (Country)Post Office Address 112 Princeton Court  
Menlo Park, California 94025Full Name of Third/Joint Inventor Larry Lawson JonesInventor's Signature Larry Jones Date 8/30/2002Residence Palo Alto, California Citizenship USA  
(City, State) (Country)Post Office Address 1407 Hamilton Avenue  
Palo Alto, California 94301Full Name of Fourth/Joint Inventor Simaly PhoukongInventor's Signature Simaly Phoukong Date 8/30/2002Residence 1740 W. FLORA ST Citizenship US. (USA)  
STOCKTON (City, State) CA 95203 (Country)Post Office Address 1740 W. FLORA ST  
STOCKTON CA 95203

Full Name of Fifth/Joint Inventor \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)

Post Office Address \_\_\_\_\_

Full Name of Sixth/Joint Inventor \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)

Post Office Address \_\_\_\_\_

APPENDIX A

Ramin Aghevli, Reg. No. 43,462; William E. Alford, Reg. No. 37,764; Farzad E. Amini, Reg. No. 42,261; W. Thomas Babbitt, Reg. No. 39,591; Jordan M. Becker, Reg. No. 39,602; Michael A. Bernadicou, Reg. No. 35,934; Roger W. Blakely, Jr., Reg. No. 25,831; R. Alan Burnett, Reg. No. 46,149; Gregory D. Caldwell, Reg. No. 39,926; Thomas M. Coester, Reg. No. 39,637; Robert P. Cogan, Reg. No. 25,049; Florin A. Corie, Reg. No. 46,244; Mimi D. Dao, Reg. No. 45,628; Stephen M. De Klerk, Reg. No. 46,503; Daniel M. De Vos, Reg. No. 37,813; Sanjeet Dutta, Reg. No. 46,145; Tarek N. Fahmi, Reg. No. 41,402; Thomas S. Ferrill, Reg. No. 42,532; George L. Fountain, Reg. No. 37,374; Angelo J. Gaz, Reg. No. 45,907; Andre M. Gibbs, Reg. No. 47,593; James Y. Go, Reg. No. 40,621; Mark A. Goldstein, Reg. No. 50,759; Michael D. Graham, Reg. No. 51,751; Melissa A. Haapala, Reg. No. 47,622; Alan E. Heimlich, Reg. No. 48,808; James A. Henry, Reg. No. 41,064; William E. Hickman, Reg. No. 46,771; Willmore F. Holbrow III, Reg. No. 41,845; Sheryl Sue Holloway, Reg. No. 37,850; George W. Hoover II, Reg. No. 32,992; Libby H. Hope, Reg. No. 46,774; Eric S. Hyman, Reg. No. 30,139; William W. Kidd, Reg. No. 31,772; Walter T. Kim, Reg. No. 42,731; Eric T. King, Reg. No. 44,188; Steve Laut, Reg. No. 47,736; Suk S. Lee, Reg. No. 47,745; Gordon R. Lindeen III, Reg. No. 33,192; Jan C. Little, Reg. No. 41,181; Julio Loza, Reg. No. 47,758; Joseph Lutz, Reg. No. 43,765; Lawrence E. Lycke, Reg. No. 38,540; Michael J. Mallie, Reg. No. 36,591; Andre L. Marais, Reg. No. 48,095; Raul D. Martinez, Reg. No. 46,904; Paul A. Mendonsa, Reg. No. 42,879; Jonathan S. Miller, Reg. No. 48,534; Richard A. Nakashima, Reg. No. 42,023; Thien T. Nguyen, Reg. No. 43,835; Thinh V. Nguyen, Reg. No. 42,034; Robert B. O'Rourke, Reg. No. 46,972; Daniel E. Ovanezian, Reg. No. 41,236; Gregg A. Peacock, Reg. No. 45,001; Philip A. Pedigo, Reg. No. P-52,107; Marina Portnova, Reg. No. 45,750; Michael A. Proksch, Reg. No. 43,021; Joseph A. Pugh, Reg. No. P-52,137; James H. Salter, Reg. No. 35,668; William W. Schaal, Reg. No. 39,018; James C. Scheller, Reg. No. 31,195; Saina S. Shamilov, Reg. No. 48,266; Kevin G. Shao, Reg. No. 45,095; Stanley W. Sokoloff, Reg. No. 25,128; Judith A. Szepesi, Reg. No. 39,393; Edwin H. Taylor, Reg. No. 25,129; Lisa Tom, Reg. No. P-52,291; John F. Travis, Reg. No. 43,203; Thomas J. Treutler, Reg. No. 51,126; Kerry D. Tweet, Reg. No. 45,959; Mark C. Van Ness, Reg. No. 39,865; Thomas A. Van Zandt, Reg. No. 43,219; Lester J. Vincent, Reg. No. 31,460; Glenn E. Von Tersch, Reg. No. 41,364; John P. Ward, Reg. No. 40,216; Mark L. Watson, Reg. No. 46,322; Thomas C. Webster, Reg. No. 46,154; and Norman Zafman, Reg. No. 26,250; my patent attorneys, and Brent E. Vecchia, Reg. No. 48,011, and Lehua Wang, Reg. No. 48,023; my patent agents, of BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP, with offices located at 12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025, telephone (310) 207-3800, and James R. Thein, Reg. No. 31,710, my patent attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.



# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

**TOTAL FEES AUTHORIZED: \$ 370**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 02-2226



Deposit Account Name: Blakely Sokoloff Taylor & Zafman LLP

## SUBMITTED BY

Authorized Name: James Henry  
 Electronic Signature Mark: /James Henry/  
 Date Signed: 20020904

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0